

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 021413
STATE FILE NUMBER
2587

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital No. 1		Length of stay in 1b 68 YEARS	
3. NAME OF DECEASED (Type or print) J. HUGH Thurman		4. DATE OF DEATH Month 5 - Day 31 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAY 22 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY INDEPENDENCE LAUNDRY & DRY CLEANING CO.	
11. BIRTHPLACE (City and state or country) JACKSON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN N. THURMAN		13b. MOTHER'S MAIDEN NAME MARY JANE WEIDEMAN	
14. NAME OF HUSBAND OR WIFE CATHERINE M. THURMAN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 495-057640		17. INFORMANT JOHN H. THURMAN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR PNEUMONIA DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). PENDING FURTHER EXAM.		INTERVAL BETWEEN ONSET AND DEATH 490X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 5-20-57 to 5-31-57 and last saw him live on 5-31-57 Death occurred at 3:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE R. A. Brown, M.D. (Degree or title)	
22b. ADDRESS General Hospital No. 1		22c. DATE SIGNED 5-31-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 3 1957	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY	23d. LOCATION (City, town, or country) (State) INDEPENDENCE MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 6-1-57	
26. REGISTRAR'S SIGNATURE Neva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by , Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009

P.O. Address Overland Park

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.